

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733672 (0)

1. Corporation Name

PARADISE GARDENS SECTION FOUR MAINTENANCE CORPORATION, INC.



Principal Place of Business: 7700 MARGATE BLVD MARGATE FL 33063
Mailing Address: 7700 MARGATE BLVD MARGATE FL 33063

3. Date Incorporated or Qualified: 08/18/1975
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 59-1807378
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23
City & State: 28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24
Country: 25
Zip: 29
Country: 30

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARLSON, KATHRYN
7190 NW 8 CT
MARGATE FL 33063

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CARLSON, KATHRYN	
STREET ADDRESS	7190 N.W. 8TH COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	ABBOTT, SHIRLEY	
STREET ADDRESS	7485 N.W. 7TH PLACE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	CDP	<input type="checkbox"/> DELETE
NAME	FARB, JOAN	
STREET ADDRESS	7260 NW 6TH CT.	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	FSD	<input type="checkbox"/> DELETE
NAME	GELB, MURIEL	
STREET ADDRESS	7260 NW 8TH COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	YOUNG, GENEVA	
STREET ADDRESS	7225 NW 8TH COURT	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> DELETE

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	2nd VPD
6.3 STREET ADDRESS	TORNILLO, PATRICK
6.4 CITY-ST-ZIP	7530 MARGATE BLVD. MARGATE, FL. 33063

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathryn Carlson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KATHRYN CARLSON

2/29/96 (954) 971-0205
Date Date-time Phone #

CR2E037 (12/95)